## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
39903 759 ANTHONY ENG PO Box 5307 AUSTIN, TX 7876	SLAND	OIP E	have its own certific  I hereby certify the States Postal Service		onal paper, such as an assignment or formal drawing, must cate of mailing or transmission.  Certificate of Mailing or Transmission at this Fee(s) Transmittal is being deposited with the United see with sufficient postage for first class mail in an envelope Mail Stop ISSUE FEE address above, or being facsimile ISPTO (571) 273-2885, on the date indicated below.	
		/AM				(Depositor's name)
		TRADE	MARKE			(Signature)
						(Date)
APPLICATION NO.	FILING DATE	·····	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/736,057	10/736,057 12/15/2003		Shridhar Narasimha Ambilkar		JP920030215US1	4255
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO \$14		)	\$300	\$1700	07/11/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
KRAVETS, LEONID		2189		711-104000		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON						
(A) NAME OF ASSIGNE Interna Mach	ational Pysine ines Corpoha	tion.	(B) RESIDE	NCE: (CITY and STATE O Armonk, NY	signee is identified below, the of R COUNTRY)  Corporation or other private gr	
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number  (enclose an extra copy of this form).			
a. Applicant claims SI	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			MALL ENTITY status. See 37 (	
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco	is requested to apply the Issuablication Fee (if required) words of the United States Pate	te Fee and Publica vill not be accepted int and Trademark	tion Fee (if and from anyone Office.	y) or to re-apply any previous other than the applicant; a	ously paid issue fee to the applic registered attorney or agent; or t 65/29/2005 EBSYEWED 02	ation identified above. he assignee or other party in 333231 233457 16736
Authorized Signature	Anthony	SENG	Engl	Date	12 FO: 1384 000	69 BA 63 BA

3-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.